

TELEFAX COVER SHEET

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TO: Commissioner of Patents  
FAX NO.: 703-872-9314  
FROM: Eamon J. Wall  
DATE: 9/12/02  
MATTER: Serial No. 09/359,561 Filed: 7/22/99  
DOCKET NO.: DIVA/168CIP1  
APPLICANT: Ludvig et al.

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Transmittal Letter (2 copies)
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/359,561
	Filing Date	7/22/99
	First Named Inventor	Ludvig
	Group Art Unit	2611
	Examiner Name	Huynh, Son P.
Total Number of Pages in This Submission	Attorney Docket Number	DIVA/168CIP1
<b>ENCLOSURES (check all that apply)</b>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks The Commissioner is authorized to charge any underpayment or credit any overpayment of fees (including but not limited to any extension fees pursuant to 1.136(a)), to Deposit Account 20-0782. A duplicate copy of this transmittal is attached. (Applicants do not believe that any fee is due.)	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Eamon J. Wall, Reg. No. 39,414	
Signature	<i>EJ Wall</i>	
Date	9/12/02	